

APPLICATION FOR RE-EXAMINATION

APPLICANT'S

NAME IN FULL:

DATE OF BIRTH:

ADDRESS:

Street:

City:

State:

Zip:

Area Code

Phone No.

SECTION(S) FOR RE-EXAMINATION

I request to be admitted to the following examination section(s).

Section	Title of Examination Section
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☐ C. Site Design

☐ E. Grading, Drainage and Stormwater Management

☐ F. Professional Practice in the State of Alabama

Date

Signature of Applicant

The recommendation of the State of Alabama Board of Examiners of Landscape Architects that the applicant be admitted to the next scheduled written examination is as follows:

_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Date	Board Chairman		

_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Date	Board Secretary		

_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Date	Board Member		

A majority vote of the Board of Examiners of Landscape Architects is required for admission to the examination.

APPLICATION FORM TO BE ATTACHED TO APPLICANT'S ORIGINAL EXAMINATION APPLICATION.